

**Pleasanton Police Department**  
**Bingo Application**

Date of event: \_\_\_\_\_

Is this a one time event? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, frequency of planned event.

Dates \_\_\_\_\_

Location of event: \_\_\_\_\_

Location leased \_\_\_\_\_ Location owned \_\_\_\_\_

Description of event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected number of participants: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Organization address: \_\_\_\_\_

Organization phone number: \_\_\_\_\_

Event chairperson: \_\_\_\_\_

Chairperson's phone number: \_\_\_\_\_

Will Alcoholic beverages be sold? Yes \_\_\_\_\_ No \_\_\_\_\_

What Type \_\_\_\_\_

Provided by Caterer \_\_\_\_\_ Special ABC Permit (required) \_\_\_\_\_

Will food be sold at this event? Type? \_\_\_\_\_

Is a health department permit on file? \_\_\_\_\_

**Applicant to provide the following: (to be attached.)**

Is a business license required? Yes \_\_\_\_\_

Proof of lease or ownership of proposed event site Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance company (attach copy of liability insurance) \_\_\_\_\_  
\_\_\_\_\_

Proof of eligibility \_\_\_\_\_

Is private security being used for this event: Yes \_\_\_\_\_ No \_\_\_\_\_

Names and addresses of all individuals conducting Bingo Games:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed names of games to be held \_\_\_\_\_  
\_\_\_\_\_

Days of week and times \_\_\_\_\_

Name and company information: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you intend to advertise? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, How? \_\_\_\_\_

As an authorized representation of \_\_\_\_\_  
I have read and I am familiar with the City Ordinance regulating Bingo. I have  
answered all questions pertaining to this application in a truthful manner.

Signed by \_\_\_\_\_ Date \_\_\_\_\_